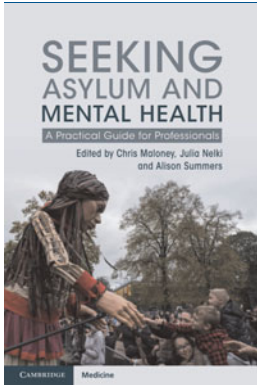


## Book reviews

Edited by Allan Beveridge and Femi Oyeboode



### Seeking Asylum and Mental Health: A Practical Guide for Professionals

Edited by  
Chris Maloney, Julia Nelki and Alison Summers. Cambridge University Press. 2022. £39.99 (hb). 308 pp. ISBN 9781911623977

The international sociopolitical context is rapidly changing and this undoubtedly affects the working contexts of professionals across a multitude of sectors and services. More specifically, for mental health professionals working with refugees, asylum seekers and their wider networks, clinicians must be able to respond appropriately and as effectively as possible to a wider range of (often new) needs, and clinical presentations.

What is particularly noteworthy about this book is its attempts to cover the vast terrain of clinical, systemic and strategic issues relevant to asylum seekers and refugees. In the first instance, the authors describe the distinction between asylum seekers and refugees, undoing the frequently seen homogenisation of those who have sought and are seeking refuge. The intricacies of the asylum process and the implications it holds for those engaged in it are explained, and the authors do not shy away from noting the gaps and potential benefits offered by the state systems.

The strengths of the book lie in its ability to weave in the voices of those who have accessed healthcare either as an asylum seeker or refugee. These narratives are embedded into the strategies and techniques provided to shift the professionals' approach to assessment, formulation, intervention and documentation. The authors make explicit the need for the clinician to note their own position and their (potentially) westernised approach to therapy. It boldly invites the reader to consider their approach to working in a culturally sensitive manner that goes beyond simple lip service to the practical ways one might reflect in (and outside) of the therapy room best to serve the person in front of them. Clinical dilemmas are openly shared and potential solutions are suggested. Nevertheless, the authors appreciate the limitations that professionals, particularly those working within statutory services, might face. Beyond acknowledgement, the authors propose practical steps and specific examples that would better serve the client, their families or their children.

From the perspective of a practising clinician working within the statutory and non-statutory sector, the chapter on Formulation and Diagnosis offered an engaging stance on how to embody both the strengths and vulnerabilities of the client within each clinical interaction, and provided helpful ideas on how best to navigate problem-saturated narratives, in a way that does better justice to the clients' experiences. Similarly, the chapters on Intervention (both specific and the essentials) and Therapeutic Complexity recognise the position of the client's contexts, the clinical variation and how to

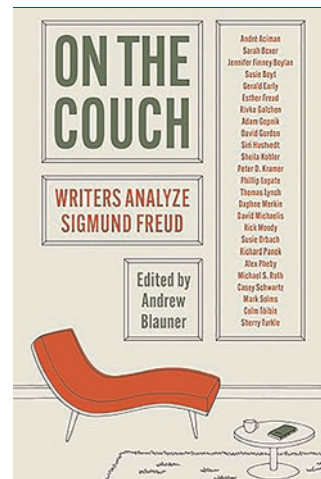
distinguish priorities in a realistic manner. The chapter dedicated to Children, Families and Young People offered a valuable approach to systems working, delivering treatment in a phased manner and naming the wider issues faced by young people who are no longer intensively embedded within state systems.

The book recognises the limitations and systemic restrictions of the front-line settings within which clinicians operate. Although it is optimistic about the degree of autonomy clinicians may have to implement the proposed ideas, it certainly gives options, detailed approaches and a range of therapeutic models for the practitioner to consider.

The population the book seeks to serve is brought to life through case studies, personal accounts and practical examples. They are presented as people; their needs are demystified and the stance of the book is a refreshing approach that counters the too often seen negative representation that appears within the media.

Kemi Komolafe , Helen Bamber Foundation, United Kingdom of Great Britain and Northern Ireland. Email: [reception@helenbamber.org](mailto:reception@helenbamber.org)

doi:10.1192/bjp.2024.135



### On the Couch: Writers Analyze Sigmund Freud.

By Andrew Blauner. Princeton University Press. 2024. £20.49 (hb). 360 pp. ISBN 978-0691242439

Do today's busy psychiatrists still read Freud? Sadly, the answer – unless like curious agnostics familiarising themselves with the Bible or Koran – is probably no. Expected to master ever-expanding Diagnostic and Statistical Manual of Mental Disorders (DSM) categories, cutting-edge neuroscience and latest psychopharmacology, not to mention clunky computers and managerial mandates – why immerse oneself in the arcane byways of questionable theories? Infantile sexuality? Hmm. Dreams as wish fulfilments? Almost certainly not. Vaginal orgasm trumping clitoral? Come on! Castration anxiety as explanation for homosexuality? Forget it.

And yet ... without exposure to psychoanalytic ideas, including close reading of at least some of the founding father's key texts – the *Introductory Lectures*, *Dora*, *Papers on Technique* – something vital to the art of psychiatry is lost. After all, complacency about our role and societal respect would be misplaced. Ousted by clinical psychology from our previous leadership position, we are, not entirely unfairly, sometimes accused of being mere 'pill pushers'. When it comes to interpersonal competence, not a few of us appear overpaid and under-skilled.

The premiss of this intriguing book is that, questions of outcome and evidence-based practice aside, Freud just won't go away. He remains an essential companion if we are to understand ourselves, others and the contours of the modern world. To that end, Blauner has assembled a *potpourri* of established writers, all

of whom, whether through personal therapy, trauma or genetic link (two of artist Lucian Freud's daughters, Esther Freud and Susie Boyt, and thus Sigmund's great granddaughters, contribute) have a Freud story to tell. Only one of the 25 contributors, Peter Kramer (*Listening to Prozac*) is a psychiatrist. He movingly describes how a period of psychoanalysis at the Tavistock Clinic opened his mind and changed his career from first anthropology then dermatology, to our very special speciality.

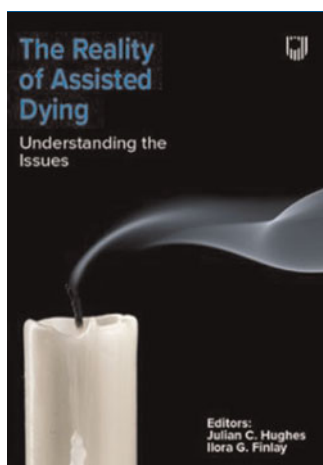
A literary collage such as this inevitably fails to make up a coherent or cogent case. What these essays have in common however is that, unlike the average psychoanalytic text – Goethe but not Nobel-prize winning Freud the exception – most are extremely well written: witty (*Floyd Archives* cartoonist Sarah Boxer), angry (Jennifer Boylan, an psychoanalytically invalidated trans), painfully honest (poet and undertaker Thomas Lynch on his daughter's suicide). Some are a little disappointing – merely using the opportunity to promote their latest projects (Colm Toibin on Henry James and Thomas Mann; Mark Solms on his new Freud translation).

As an unabashed psychotherapy 'common factors' enthusiast I was most moved by those who describe their experiences as psychoanalytic patients. The consensus, almost without exception, was as follows: (a) therapy helped and (b) interpretations and psychoanalytic theory had little if anything to do with what it was that helped.

Back then to the question: why read Freud? On the basis of these authors, a number of answers emerge. Freud teaches us to listen intensely to our patients, to learn from them, to listen to ourselves listening, to be kind, to survive not-knowing, to acknowledge that the mind is a complex and sometimes warring composite of differing impulses and phenomena and to accept that effective helping entails being consistent, human, watchful guardians of continuity of relationship and setting. Sadly these simple truths are in danger of being lost in the protocol-driven maelstrom of modern medicine. Embracing Freud helps return us to the heart of our healing mission.

Jeremy Holmes , MD, MRCP, FRCPSych, Department of Clinical Psychology, University of Exeter, UK. Email: [ja.holmes@btinternet.com](mailto:ja.holmes@btinternet.com)

doi:10.1192/bjp.2024.220



### The Reality of Assisted Dying: Understanding the Issues

Edited by Julian C Hughes and Ilora G Finlay. Open University Press. 2024. £22.99 (pb). 248 pp. ISBN 9780335253173

A dispiriting feature of the current debate about assisted suicide legislation is its low quality. Words like autonomy and dignity are used with no definition and the general style tends towards emotive case histories, marketing slogans and celebrity endorsement more reminiscent of the US presidential debates than a serious weighing of pros and cons. Proposed legislation takes the form of skeleton bills with numerous so-called Henry VIII clauses that leave most of the detail to later executive decisions.

Into this space comes a new book offering a route to understanding the issues involved. Does it live up to that promise?

The book comprises 34 chapters written by 44 authors: clinicians from the main medical specialties you would hope to see; legal experts; ethicists; and religious experts. A risk of multi-author books is wearisome repetition and difficulty in following themes. Helpfully and unusually, an introductory section includes pointers to the location of discussion of key topics, and a lack of serious repetition suggests more careful attention to editing than is often the case.


I detect three superordinate themes. First a careful elucidation of the meaning and relevance of terms such as autonomy, dignity, capacity, coercion and safeguards. These chapters are by no means abstract or over-theoretical; instead, they help to clarify the complicated issues at stake. In particular I liked the two chapters discussing autonomy, its features and the circumstances under which it should be constrained for the protection of others; they are models of clarity and concision.

A second theme covers the practical experiences in countries where assisted suicide or euthanasia legislation is already in place. Two main messages emerge. The first is a familiar one – there tends to be a move once initial legislation has been passed towards less restrictive criteria for participant eligibility and staff involvement. Second is a gradual change in culture as attitudes change towards end of life care and towards suicide.

A third theme covers the implications for staff and particularly doctors. In the doctor–patient relationship there can emerge a sort of expectation of involvement amounting at times to pressure. On the other hand apprehension from patients can make care more difficult to deliver; evidence suggests palliative care services decline rather than improve in countries where assisted suicide or euthanasia is legalised.

There are inevitably some gaps, reflecting mainly the limited existing evidence. For example there is little or nothing on the implications for staff other than doctors – nursing or care staff – or on the longer term impact on families and close others.

The overall tone of the book is negative towards the idea of legislating for assisted suicide or euthanasia and indeed both editors are well-known campaigners in this country. Nonetheless, it should appeal to all readers. The presentations are well written, factually based and avoid a proselytising style. It is the best book I know about this individually and socially critical question and I recommend it highly.

Allan House , School of Medicine, University of Leeds, Leeds, UK. Email: [a.o.house@leeds.ac.uk](mailto:a.o.house@leeds.ac.uk)

doi:10.1192/bjp.2024.245